

EMS: Stroke Care

Not just a ride to the hospital


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Objectives:

- Review case from beginning to end
- Review current guidelines for acute stroke/TIA patients pre hospital care
- Putting it all together
- Where do we need to go?

The Call

- The public must be educated to call for help at the first signs of a STROKE.
 - Dispatchers must be trained to interpret the simple signs of the caller as a possible stroke.
 - Most 911 centers must now train their personnel in EMD.
 - Must make training specific.....
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The Dispatch

- Dispatchers should use Key Pre Designated Questions to help with the diagnosis of a possible stroke patient.
- This takes:
 1. Training
 2. Time
 3. Training


The Dispatch

- BLS vs. ALS
- The Ambulance Crew should be dispatched promptly and should respond emergently.
- The Ambulance personnel should be advised that they are responding to a possible stroke patient at time of dispatch.
- Can the hospital be notified by the Dispatcher?

Arrival

- The crew should start evaluation upon arrival.
- Are there any life-threats?
- Responsiveness/Appearance
- A-airway - maintain
- B-breathing
- **Is there a need for oxygen?**
- C-circulation
- **Monitor the vital signs.**

What else do we see?

- D-disabilities
 - Does the patient have any deficits?
 - Cincinnati Stroke Scale
 - If positive for possible stroke determine time of onset.
 - Determine medical history
 - Time = Brain
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Time

- Recommended that we stay in a 3-hour window.
- EMS must determine the exact time of onset as accurately as possible and also note the last time patient was seen “normal”.
- Need transport to receiving facility within a 2-hour window of onset (if possible).
- Take a family member or friend

Pertinent patient facts

- S-signs and symptoms
- A-allergies
- M-medications
- P-pertinent medical history and/or conditions
- L-last oral intake
- E-event/time patient last seen/encountered without any deficits

ENROUTE

- Perform blood glucose (if available)
- IV (if available)
- EKG monitoring (if available)
- Perform Thrombolytic Checklist
- Document findings
- Contact receiving facility
- Reassure and comfort patient throughout...

Arrival at Facility

- All pertinent information must be passed along
- Help with transition from pre-hospital to hospital care
- Answer any questions
- Paperwork
- REMEMBER: NOTIFICATION IS VERY IMPORTANT.

Seven D's

1. Detection
 2. Dispatch
 3. Delivery
 4. Door
 5. Data
 6. Decision
 7. Drug
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- The background of the slide is a solid blue color. In the bottom right corner, there are several faint, concentric white circles that resemble ripples on water, adding a decorative touch to the design.


TEAM APPROACH

- Detection
 - Importance of early recognition of stroke s/s by the public
- Dispatch (911 system)
 - Asks the right questions and identifies the need for urgent response
- Delivery (EMS)
 - Assesses patient, treats life-threats, obtains symptom onset, minimizes on-scene time, immediate transport and notifies receiving facility

TEAM APPROACH

- Door
 - Alerts stroke team (if available), performs patient exam & assessment, rapid CT scan
- Data
 - Reviews all pertinent patient information
- Decision
 - Determination made about the use of fibrinolytics
- Drug
 - Administration of treatment and monitoring

Follow-up

- Remember to:
 1. Keep EMS in the loop
 2. Play a critical part in Stroke Patient Plan of Treatment
 3. Group Training
 4. Discussion
 5. TEAM
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- The bottom right corner of the slide features a decorative graphic of several concentric circles, resembling ripples on water, rendered in a lighter shade of blue against the main background.

Pre-hospital Care

DISPATCH RESPONSIBILITIES:


1. Recognize the seriousness of strokes
2. Properly question callers
3. Send closest ambulance
4. Determine patient history and time of onset of stroke symptoms; relay pertinent information to the responding crew
5. Obtain feedback

Pre-hospital Care

EMS RESPONSIBILITIES:

1. Respond rapidly
2. Assess patient
3. Treat any life-threatening conditions
4. Perform Cincinnati Stroke Scale
5. Determine on-set
6. Medical history and medications
7. Treat per protocol
8. Limit on-scene time
9. Transport high priority
10. Obtain feedback

What's Next

- Assessing the needs
 - Education – specifically geared toward discipline
 - Public Education
 - Working together
 - Medical Direction
 - Protocols
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QUESTIONS?

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